



RECORDS SURVEY

(Form RM-19 July 2008)

1. Agency / Locality	2. Division / Department	3. Section / Sub-Unit
4. Contact Person	5. Telephone Number and Extension	6. E-mail Address
7. Records Series Title		
8. Date Range of Records	9. Series Status <input type="checkbox"/> Update to Series No: <input type="checkbox"/> New Series	10. Series still in use? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Description Describe purpose, contents, document types, and any other pertinent information concerning this series.		
12. File Arrangement Check all that apply and clarify. <input type="checkbox"/> Alphabetical by _____ <input type="checkbox"/> Numerical by _____ <input type="checkbox"/> Chronological by _____ <input type="checkbox"/> None, explain: _____		
13. Records Cut Off By: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Continuous <input type="checkbox"/> Other, explain: _____		
14. Frequency of Use <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than monthly		
15. Are these Vital Records? Vital records are those deemed immediately necessary to begin recovery of business after a disaster. <input type="checkbox"/> No <input type="checkbox"/> Yes, explain: _____		
16. Records Medium Check all that apply. Provide additional details such as unusual paper size, software/hardware specifications, special equipment needed, etc. <input type="checkbox"/> Paper Additional Details: _____ <input type="checkbox"/> Microform _____ <input type="checkbox"/> Audiovisual _____ <input type="checkbox"/> Electronic _____		

17. ANNUAL Accumulation of Records in ALL Locations Fill in all that apply.

☐ Cubic Feet

12"x15"x10" = 1 cu.ft.

☐ Items

☐ Bytes

☐ Other, explain:

18. TOTAL Accumulation of Records in ALL Locations Fill in all that apply.

☐ Cubic Feet

☐ Items

☐ Bytes

☐ Other, explain:

Location(s) of Records

19. Cite any authority governing creation, management, retention, and/or disposition of series. Attach a copy of any pertinent agency, state, or federal law, regulation, or policy.

20. Access to Records Attach a copy of the pertinent Code or Act to substantiate restrictions.

☐ No restrictions

☐ Protected under the Government Data Collection and Dissemination Practices Act (*Code of Virginia* §2.2-3800)

☐ Exempt from public disclosure under the Freedom of Information Act (*Code of Virginia* §2.2-3700 et seq.)
Specific provision:

☐ Other legal restrictions
Explain:

21. Recommended Retention and Disposition

a. Total length of retention: ☐ Permanent OR ☐ _____ (days/months/years) after _____

Optional: Retain on site for _____ (days/months/years)

Retain off site for _____ (days/months/years)

in: ☐ Agency Storage
☐ LVA State Records Center
☐ LVA Archives
☐ Other:

b. Do you plan to microfilm or digitize this series? ☐ No
☐ Yes, explain:

c. Disposition Method: ☐ Confidential Destruction
☐ Non-Confidential Destruction

22. Explanation of Requested Retention and Disposition

23. Survey Conducted By

24. Date of Survey